County of Fairfax, Virginia

ADDENDUM

DATE: August 9, 2018

ADDENDUM NO. 3

TO:	ALL PROSPECTIVE OFFERORS
REFERENCE:	RFP2000002555
TITLE:	Health Care Services Information System
DUE DATE/TIME:	August 24, 2018 @ 2:00 P.M. EST

The referenced request for proposal is amended as follows:

1. The Requirement Statement in Attachment D, CM-33 is replaced in its entirety with the following:

   Upload claim/encounter data. Ability to upload adjudicated claim/encounter data to enable building comprehensive care records for clients and leveraging said data for multiple purposes.

2. The Requirement Statement in Attachment D, HA-42 is replaced in its entirety with the following:

   Management of data sets. Ability to select data about the same client from various aggregated data sources for data analysis and modeling purposes.

3. The Requirement Statement in Attachment D, OM-24 is removed in its entirety. The Offeror may leave the response of this requirement blank on its submittal.

4. Please refer to Attachment-1 of this addendum for answers to questions from prospective offerors.

All other terms and conditions remains the same.

Ron Hull, Contract Specialist

Department of Procurement & Material Management
12000 Government Center Parkway, Suite 427
Fairfax, VA 22035-0013
Website: www.fairfaxcounty.gov/procurement
Phone (703) 324-3201, **TTY:** 711, **Fax:** (703) 324-32281

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

_____

Name of Firm

_____ _____

(Signature) (Date)

A SIGNED COPY OF ADDENDUM SHOULD BE RETURNED PRIOR TO DUE DATE/TIME OR SHOULD ACCOMPANY THE PROPOSAL.

NOTE: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED.

Attachment-1

Q1: Are you able to prioritize the both the Functionality Matrix and the Interface Matrix into groups of "Must Have" vs "Nice to Have"?

A1: All requirements outlined in Attachment D, Functional Requirements Matrix represent the County's desired functionality. Similarly, Interfaces referenced in Attachment F, Interface Matrix represent the County's current thinking on desired interfaces. Referenced requirements and attachments are expectations that the Offeror and/or the proposed solution must meet. Offerors should treat them as such in their responses.

Q2: Ref 15.2.10. Tab 9 – Sample Deliverables: In this section of the technical proposal, the Offeror should provide samples of the following deliverables. Samples may be from prior projects and can have redacted confidential or proprietary details, but must demonstrate the offerors capacity to produce the deliverables outlined below. Additional detail about these deliverables can be found in Appendix D: HCSIS Contractor Tasks to be Performed. Compliance with this request would entail producing 1000's of pages of documentation for this section alone, which will then have to also be redacted. Is it possible that vendors can submit electronic copies of the sample deliverables to meet this requirement?

A2: Please reference Special Provisions section 14.3 for requirements regarding the submission of hard copy and electronic copies of the Technical Proposal. Please note that section 15.2.10 states that sample deliverables are to demonstrate the offeror's capacity to produce the desired deliverables. Offerors are encouraged to submit the quantity or volume of pages they deem necessary to demonstrate this capacity.

Q3: Reference Special Provisions 15.2.5.3, Financial Statements and Special Provisions 15.2.5.4., Information on customer and revenue growth/loss trends. Is this a mandatory requirement?

A3: Special Provisions paragraphs 15.2.5.3, 15.2.5.4 and 15.2.5.4.1 reference information that should be included as a part of the Technical proposal.

Q4: Reference Special Provisions,15.2.6. Tab 5 – Offeror Experience and References. Is this compulsory or would any private firm experience and past performance be considered for this project?

A4: Consistent with Special Provisions section 15.2.6.1, Offerors must provide a summary of relevant experience and state how the Offeror views this experience as comparable in size, scope and environment to what is outlined in the RFP. Additionally, as stated in section 15.2.6.2, references should be from organizations that serve as providers and administrators of health care services.

Q5: What is the approximate award & start date of this project?

A5: The award date of the contract is anticipated to be in 2019. The successful offeror will be expected to begin work immediately upon contract award.

Q6: Please confirm can we perform the task offsite/offshore?

A6: Please see the response to question 8 on Addendum No. 1 dated July 19, 2018.

Q7: Does the County already have an inventory management system that our solution needs to integrate with OR do we need to include the inventory management system within the solution we are proposing?

A7: The proposed solution needs to include a pharmacy inventory management system.

Q8: In terms of internationalization, will the County please share the top five languages used within their systems?

A8: Please see the response to question 97 on Addendum No. 1 dated July 19, 2018.

Attachment-1

Q9: On RFP Page 20, under Tab 7 (Subsection 15.2.8.). Is Subsection 15.2.8.5 inadvertently left blank?

A9: Special Provisions paragraph 15.2.8.5 was inadvertently left blank. Section 15.2.8 should conclude with paragraph 15.2.8.4.

Q10: Does Fairfax County HHS use any specific system for revenue cycle management, billings and payments?

A10: Currently, the CSB uses Credible for revenue cycle management and billing functions. For the Health Department, the Avatar system supports billing, payment receipts, and A/R functions. Manual processes are currently used to update the county-wide financial system.

Q11: Will Fairfax County provide the specific manuals for the following standards? The link provided does not provide the specific standards.
a. Fairfax County Department of Information Technology Standards
b. Fairfax County Systems Development Life Cycle Standards

A11: Please see the FY 2019 Adopted Information Technology Plan at the following link: https://www.fairfaxcounty.gov/sites/informationtechnology/files/assets/itplan/2019-adopted/fy2019itplan.pdf

Q12: Will the County grant a 2 week extension in light of the number of questions received and only recently answered?

A12: Pursuant to Addendum No. 2, the proposal due date and time was changed to August 24, 2018 @ 2:00 P.M. EST.

Q13: For requirement CM7, can a list of desired screening tools be provided, for both custom and standardized tools?

A13: The County uses a wide variety of screening tools that are developed internally, provided by the State, or available as standard tools by various professional organizations. As stated in requirement CM7, the County desires flexible and configurable assessment functionality. This will support the County's desire to design and prepare new screening tools over time. Additional details on screening tools can be confirmed as a part of requirement elaboration and specification definition.

Q14: For requirements CM17 and integration with other pharmacies, can vendors assume that all external pharmacies utilize SureScripts certified information systems and exchange will be done via the SureScripts network? Or can the County provide additional information about whether it anticipates some data exchange would need to happen via HL7 exchange? Related, to clarify requirement PD9, Genoa QOL will utilize the new HCSIS system and not its own pharmacy information system?

A14: It is likely that external pharmacies will use SureScripts or another industry standard for data exchange. Pharmacy functionality is a requirement of the HCSIS solution as outlined in Attachment D. Genoa will not utilize the HCSIS system.

Q15: For requirement CM20, is it possible to estimate how many external/non-County providers will need access to the system?

A15: Initially, the County anticipates that 5 to 10 external organizations, with multiple staff and operating locations, would need access to the system as external providers. The HCSIS solution must be scalable to include additional providers as needed over time. Final provider numbers will be confirmed as a part of Requirement Elaboration and Specification Definition, referenced in Appendix-D, Tasks to Be Performed Section 2.

Attachment-1

Q16: For requirement CM29, can additional information be provided about the method/format of data exchange for this requirement? If detailed information cannot be provided, can vendors assume that, for all external care providers, Fairfax has an existing relationship/BAA in place and all would adhere to the same method/format of data exchange (eg, the method of exchange could be standardized and all external care providers would follow/meet Fairfax's standard)?

A16: The County would expect industry-standard alert protocols be used with standard secure messaging or data exchange. Vendors can assume that the County has existing relationships in place with external care providers. For future providers, with whom Fairfax does not have an existing relationship, County protocol would be followed to establish such a relationship.

Q17: For requirements CM 30 and 90, what is the anticipated volume of data in GBs to be scanned into the system on a total per-client basis or total annual basis?

A17: The CSB scans approximately 45GB annually into Credible. The Health Department cannot provide a size estimate at this time. The overall volume of data will depend largely on which current physical documents will be incorporated into HCSIS as forms or data fields during development of the solution and which will remain physical documents outside the system, to be scanned as a part of the client record. Further details will be explored during requirements elaboration and specification definition.

Q18: For requirement CM33, can you clarify if the desire is to receive and process EDI from external providers using systems other than the HCSIS (eg, receive 837s, remit 835s)? If so, will external providers follow a single, standard claim format?

A18: The County desires the capacity to receive and process EDI data from external sources. All EDI data would be consumed using standard, HIPAA compliant methods. For clarity, CM33 has been revised to read: "Upload claim/encounter data. Ability to upload adjudicated claim/encounter data to enable building comprehensive care records for clients and leveraging said data for multiple purposes."

Q19: For requirement CM35, does the County/CSB wish to follow a single, master treatment/care plan for individual clients or multiple treatment/care plans for individual clients by separate client program/service enrollment? Is there any other unique workflow or clinical process which the CSB follows for treatment/care plans?

A19: The CSB will have multiple care plans for individual clients. CSB uses Department of Behavioral Health and Developmental Services (DBHDS) licensing standards and Virginia Medicaid requirements related to plans of care and treatment plans.

Q20: For requirement CM38, can additional information be provided relating to how the County currently tracks and calculates service cost information?

A20: The County currently tracks service cost information for some services through a combination of electronic and manual processes. Service cost information is not currently tracked for all service activity.

Q21: For requirement CM 41, for phone-based appointment reminders, can the County provide information about the anticipated client appointments and/or phone reminder volume on a monthly basis?

A21: The County anticipates between 6,000 and 8,000 appointment/phone reminders on a monthly basis.

Q22: For requirement CM 42, for phone-based appointment reminders, which languages does the County wish to be supported in the appointment reminder phone call script?

A22: At a minimum, the County desires English and Spanish functionality. Additional language capacity will be explored and confirmed as a part of the requirement elaboration process.

Attachment-1

Q23: For requirement CM 51, is the County able to provide an approximate number of external providers with whom Fairfax requires the vendor to exchange CCDs?

A23: The requirement, as stated, is about the ability to generate a CCD. This should be done in conformance with meaningful use requirements, and should not be contingent on the number of providers.

Q24: Requirement CM 61 describes ability 'to import data from contractors to find availability of resources outside of the Fairfax County system (e.g., available beds)'. Can additional information be provided about this process and format/method of data exchange with resources outside of the system? What is the total number of providers/resources with whom the County would like to exchange data? Anticipated frequency of exchange?

A24: The County's existing process requires vendors to provide CSV files for import into the EHR. Twenty vendors currently participate in this process on a monthly basis.

Q25: Requirement CM 66 describes 'regular monitoring' of various events such as 911 calls, patient ER visits and hospitalizations. Is it anticipated that this monitoring and data entry will be done manually by end users?

A25: "Monitoring" and "notification" functionality referenced in CM 66 should be automated and rules-based. Data to be monitored could be input by manual data entry or direct data feed. This will be further explored as a part of the requirements elaboration process.

Q26: For requirement CM 89, can more information be provided related to method of exchanging data with the HFF document management system?

A26: The Healthy Families Fairfax document management system is an internal system managed by the County's Department of Family Services (DFS). Health Department staff work with DFS staff to manage clients in this program. Health Department staff prepare medical/health assessments that should be available to DFS case workers. DFS caseworkers provide social counseling and supports that should be shared with Health Department staff. Both agencies prepare assessment documents, as required by the state. Currently data is maintained separately and shared manually. The Health Department would like the HCSIS solution to provide documents to the HFF system when appropriate, and accept documents from the HFF system when appropriate.

Q27: For requirement HA 4, can additional information be provided about the desired method/format of data exchange for this requirement? If detailed information cannot be provided, can vendors assume that, Fairfax has existing relationships/BAAs in place and all systems/external providers would adhere to the same method/format of data exchange (eg, the method of exchange could be standardized using a standard such as CDAs and all external care providers would follow/meet Fairfax's standard)? Is the County able to provide an approximate number of systems/external providers with whom the County wishes to exchange data?

A27: Consistent with the response to Q17 in Addendum No. 1 dated July 19, 2018, Offerors should assume that data exchange would follow industry standards. The number of systems and providers will be determined as a part of the requirements elaboration process.

Q28: For requirements HA 9 and 10, can the County describe if the stated integration is a one-time or on-going process? Can the County provide a list of the possible outside data sources?

A28: The integration would be an on-going process. Possible outside data sources may include electronic health records from select providers that serve the same clients (e.g., hospital/health systems, federally qualified health centers) or case management systems from external providers that are not health care providers but hold relevant data about a client (e.g., homeless services agencies).

Attachment-1

Q29: In reference to requirement HA 42, can additional information be provided about 'data streams from others sources', including type of data, interface method and format?

A29: Requirement HA 42 should read: "Management of data sets. Ability to select data about the same client from various aggregated data sources for data analysis and modeling purposes."

Q30: For requirement OM 24, can Fairfax provide additional information related to the dispensing modules and counting machines that are currently used or which the County wishes vendors to interface?

A30: After additional review, the County has determined that OM24 is not needed at this time. Requirement OM 24 is being eliminated from Attachment D, Functional Requirements Matrix.

Q31: For requirement OM 32 and 33, can Fairfax elaborate on this requirement and the wholesalers/suppliers with whom vendors should order electronically, obtain pricing information or related requirements? Do specifications or general data exchange strategies exist?

A31: Specifications do not currently exist. Exact suppliers and data exchange specifications will be validated as a part of the requirements elaboration process.

Q32: For requirement OM 36, does the County require integration of phone-based interaction (eg, clients scheduling appointments self-service by phone) or can a call center software module which just tracks a record of inbound/outbound calls meet this requirement? Does the County's existing phone system support this type of integration?

A32: The County is seeking the ability for clients to schedule visits and other activities with minimal human intervention. To that end, the requirement in question is about the ability for clients to schedule select events via phone without having to interact with a human. The County is open to discussing various approaches to supplying this functionality.

Q33: For requirement PE 12 and RC 2, our company requires a separate contract with its electronic credit card processing service provider. If desired, is it acceptable that the County can contract directly with our electronic credit card processing service provider?

A33: Please reference Special Provisions, paragraph 3.1.1. The Offeror must commit to serving as the single point of contact ("Prime") with ultimate accountability for all products.

Q34: For requirement RC 45, can you provide additional information? For example, does the County intend to email bills and attachments to clients via unsecure email? Access via secure patient portal? Some other method?

A34: The County is willing to consider various options for the actual method of sending attachments with a bill for a specific client, but the method must meet County security and privacy standards. Additionally, for some service types and payers, there is a requirement to attach accompanying documentation with the e-bill. The County would like the ability to include this documentation with electronic billing when required.

Q35: For requirement RC 51, please provide the total number of NPIs under which the County bills to third party payers (eg, rendering, group, facility, etc).

A35: At the present time, the County's number of NPIs is 309.

Q36: For requirement SA 28 and other ADHC requirements does the County provide IDD, ID Day Treatment or Psychosocial Rehabilitation services? Does the County have a need to document under a 'clubhouse' model? If the County subcontracts with community providers for IDD services, would the County prefer these external providers to document in the HCSIS system? Approximate number of these types of subcontractor providers?

A36: Within the Health Department, the ADHC program does not provide ID/IDD/Rehab services. The County does not have a need to document under a "clubhouse" model for ADHC services. However, the County does provide DD, Day Treatment and Psychosocial Rehabilitation services within the CSB. The County would prefer subcontractors of DD services document in HCSIS. Currently the CSB has three such external providers, but this could change at any time.

Attachment-1

Q37: For requirement SA 38, what imaging device is the County currently using? Is there interface/integration capability, including SSO capability?

A37: Health Department staff currently use a Fuji D-EVO FDX system with PowerPACs at two clinic locations. Images are stored to the cloud. SSO capability would need to be discussed as part of the requirements elaboration process.

Q38: For requirement SA 39, what volume and typical size in GBs of X-Ray images to be scanned into the system on a total per-patient basis or per-patient/per-time (eg, month) basis?

A38: The Health Department currently scans approximately 3000 images per year. The average size of a single x-ray image file is about 4 MB.

Q39: Are any anticipated end users of the desired school health functionality included in the staff/usage estimates provided by the County in the RFP or answers to vendor questions?

A39: Yes, anticipated end users of the desired school health functionality are included in Question 47 of Addendum No. 1, dated July 19, 2018

Q40: Attachment E, Interfaces - Can vendors assume that this is a comprehensive list of interfaces? And if references to other interfaces are made in Attachment D but not included in Attachment E, can vendors consider that these are 'desired capabilities' but not necessarily specific requirements or project deliverables? If this is not a fair assumption, does the County recommend that vendors propose a strategy to meet all interface/interoperability requirements and include costs to cover these needs?

A40: Attachment F, HCSIS Interface Matrix outlines interfaces which at the time of RFP publication were deemed to be required interfaces. Offerors should treat them as such in their responses. Please reference Appendix D, Tasks to be Performed, section 2 for information on Requirements Elaboration and Specification Definition, including Section 2.d, information on Data Integration/Interface Specifications Document. The Contractor will specify and document the need to exchange or accept data from other information systems as a part of requirement elaboration and specifications definition. Reference Attachment U - Cost Proposal workbooks, where the County has provided an opportunity for the Offeror to propose the cost of change requests, as a "bank" of hours to be used for changes/modifications, including but not limited to future interfaces, forms and reports. This could include interfaces not currently identified in the Interface Matrix, but defined as a part of requirements elaboration and specification definition.

Q41: Is the VA ADAP form being sent electronically to the pharmacy?

A41: No. Currently it is printed and faxed.

Q42 Will the Adult Vaccine Order Form continue to be printed or can it be sent electronically?

A42: Likely it will continue to be printed. Alternate approaches can be explored but would require technical approval and intervention with the State program.

Q43: Is the County looking for data warehousing functionality? Can additional information be provided related to data warehousing functionality?

A43: The County anticipates that a data warehouse will be part of an Offeror's proposed package, and would be used to support reporting and analytic functionality, to the extent the Offeror deems it applicable to meet County requirements.

Attachment-1

Q44: Section 2, Appendix D, Requirement Elaboration and Specification Definition – This task describes 'documentation of current business practices, including mapping and workflows for HD and CSB programs'. Answer 42 in Addendum No. 1 dated July 19, 2018 also indicates that the County 'expects that the vendor will document current business practices and workflows'. Does any documentation of current HD and CSB business process and workflows currently exist which can be provided to the selected vendor? If the County is looking to the vendor to document the current business process, is the County able to say whether its expectation is that the vendor would document the current business process as part of a requirements gathering process/gap analysis but only in the context of the selected software system (and a migration strategy)? Or does the County expect that the vendor will produce a document which details all current-state clinical and business process? Considering the potential scope of work related to this later effort, can additional clarification be provided as to the anticipated scope of this effort? "

A44: The County expects that current documented workflows, and those that would require documentation, would be analyzed in the context of the selected HCSIS solution as part of a gap/fit analysis, and in support of the optimal configuration of the proposed solution and the County's migration to that solution. Documentation exists for some existing workflows. The future business workflows would be developed by vendor/county project team(s) also in the context of the selected solution.

Q45: Client data migration - Regarding client-related data to be migrated from Credible, Appendix D, item 6 states that 'all data' is to be migrated from the Credible system. Is the following list an acceptable list of client data to be migrated into the new system, or can additional detail be provided?
Client data migration entities: ·
Client Demographics .
Client Financial Information (Payers, Family income, Guarantor, Family size)
Client Medical Conditions and Diagnostic Data ·
Client Allergies .
Client Medications .
Client Labs/Results .
Client Appointment History and Scheduled Appointments ·
Client Vitals .
Client Balance Forward Information .
Client Treatment Plan

A45: Please see the answer to question 55 in Addendum No. 1, dated July 19, 2018. The County will validate the inventory and profile of data to be converted as a part of Data Conversion and Migration, Appendix-D, Section 6.

Q46: Billing data migration - Regarding billing data to be migrated, can vendors assume that no claims data will be migrated from Credible and all outstanding claims and A/R generated out of Credible will be processed/closed out using Credible (assuming both systems will remain operational in parallel for some transition period)?

A46: Offerors should not make this assumption. The approach will be determined as a part of the requirements elaboration process.

Attachment-1

Q47: Additional data migration questions:
A. Custom assessment instruments/forms – Does Fairfax anticipate migrating data from custom forms developed in the Credible system?
B. Scanned documents and non-table data – Does Fairfax anticipate migrating non-table data and objects such as scanned documents and file uploads from the Netsmart and/or Credible systems? If so, can information be provided about the approximate data volume to be migrated?
C. CCS3 data – Does Fairfax anticipate migrating existing CCS3 data from Credible into the new system?

A47: A. Yes, the County anticipates migrating some data from custom forms.
B. Yes, the County anticipates migrating some non-table data and objects. Data volume to be migrated cannot be provided at this time.
C. No, the County does not anticipate migrating existing CCS3 data from Credible into the new system.

Q48: For any existing paper records for the HD or CSB, does Fairfax County expect the vendor to undertake a 'manual' paper to electronic conversion of these documents? If so, can additional information be provided about the volume of existing paper records which are to be scanned into the new system by the vendor?

A48: Some data on County paper records is duplicated in the existing systems, and therefore would not need to be converted or scanned. The County will work with the project team and selected vendor to determine what forms will need to be scanned to the new system. The County preference is to minimize paper scanning while still maintaining a complete and accessible record in various formats (paper, scan, data, etc.). Additional details on paper records conversion will be determined during the requirements elaboration process.

Q49: Can Fairfax County provide samples of paper forms currently used by the HD as part of its clinical process?

A49: See response to question 36 on Addendum No. 1 dated July 19, 2018.

Q50: In the proposed phased approach in the SOW, functionality is differentiated by Health Department (HD) and Community Service Board (CSB). However, the functional requirements are not labeled as such (HD vs CSB). Can FFX prioritize the business functional requirements by HD and CSB as well as phase (1-4) so we have a better understanding of what functionality to include in each development phase?

A50: In the proposed phased approach in the RFP, functionality is not differentiated between agencies. Rather, the timing in which each agency will adopt functionality is staggered. This is also why requirements are not differentiated by agency. The goal of HCSIS is to provide a solution with functionality that can be leveraged by multiple agencies.

Q51: In regards to the mandatory forms, Attachment G only lists the HD forms. Are there any CSB forms?

A51: Currently, the CSB does not have any mandatory forms.

Q52: Would the County accept past performance references from our major subcontractors as well?

A52: The County requires 3 references for the Prime. The County reserves the right to request references for subcontractors at a later date.

Q53: Is the PH department seeking a Pharmacy Software Solution. It appears they are operating a Licensed Outpatient (retail) pharmacy? Many of the functional requirements as listed in Attachment D extend far beyond what we would consider standard PH department functions.

A53: The Health Department is seeking a pharmacy software solution. The department is not a retail pharmacy, rather a closed formulary serving clients and programs related to the County Health Department. The specified functionality is needed in the HCSIS pharmacy solution to serve that role.

Attachment-1

Q54: Please clarify the actual workflow the county is trying to achieve to satisfy Attachment D, CAT ID SA, Ref #'s 84, 85 and 86.

A54: Physicians working in County locations authorize medications and refills for clients. Those authorizations should be transmitted electronically. If the physician prescribes a medication with refills, the system should generate a message to pharmacy to process the refill for client pickup. SA-86 is a standard pharmacy feature to support appropriate medication selection.

Q55: Can the county please provide more detail as to what they are trying to achieve in Attachment D, CAT ID RC, Ref # 47?

A55: When appropriate, the Health Department would like to be able to record service transactions in the system in bulk. Example: A child comes in for multiple immunizations - the details of all the individual immunization services are the same except for the immunization type. In those situations, the Health Department desires a data entry mechanism where multiple transactions can be recorded within a single visit without needing to re-enter redundant information.

Q56: The CSB contracts with numerous providers that provide services on behalf of the CSB. Is the County anticipating that these contract providers will also be accessing the HCSIS? It is not clear as there seem to be conflicts, a couple of examples would be: The County clearly states there are no beds but lists many requirements in Attachment D related to bed based management and residential services. We know the CSB contracts for those services. There are multiple requirements related to MAT and we believe the CSB contracts for those services as well.

A56: As noted in the answer to Q47 Addendum No. 1, dated July 19, 2018, the CSB does not have beds; however, the County is anticipating that contracted external providers will be accessing HCSIS, and some of those providers do provide bed day services.